

Think Recovery

SUMMER 2015

Association of Mississippi Peer Support Specialists Announces Executive Board

Mississippians in recovery are pleased to announce the formation of the Association of Mississippi Peer Support Specialists, a network of individuals in recovery from mental illness and substance use disorder whose mission is to empower Peer Support Specialists, and to advance Peer Support in Mississippi.

In the summer of 2014, a group of peer support specialists in Mississippi volunteered to form a planning committee to create a state-wide, peer-run network. Their vision is to be a source of inspiration, empowerment, and encouragement to peer supporters of all mental health conditions throughout the state. The Association of Mississippi Peer Support Specialists (AMPSS) was officially incorporated by the state this June.

The Department of Mental Health had previously assisted in a Certified Peer Support Network, but a grant from the Substance Abuse and Mental Health Services Administration allowed peer specialists around the state to transform that network into the AMPSS, a peer-led organization.

The AMPSS is pleased to announce its inaugural Executive Board: Chair Stephanie Stout, Lifecore Health Group; Vice Chair Curtis Oliver, FAVOR MS Recovery Advocacy Project; Secretary Melody Worsham, Mental Health Association of South Mississippi; and Treasurer Jess Whatley, Southwest Mississippi Mental Health Complex.

What is Peer Support and what is a Certified Peer Support Specialist?

Peer Support is getting help from someone who has been there. People with similar experiences may be able to listen, give hope and guidance toward recovery in a way that is different, and may be just as valuable, as professional services.

continued on next page

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Upcoming Events

Next Certified Peer Support Professional Training:

Oct. 13-16, Summit, MS
Visit www.dmh.ms.gov for more info

Annual Trauma Conference:

Facing the Storm:
From Basic to Practice
Jackson Convention Center
9/16—9/18/15
Register Now!

To submit information or article ideas for the Think Recovery newsletter, contact Adam Moore at Adam.moore@dmh.state.ms.us or DMH's Division of Recovery and Resiliency at 601.359.1288.



Think Recovery

SUMMER 2015

Peer services include mutual support groups, peer-run programs and services in traditional mental health agencies provided by peer support specialists. While peer support groups may be composed entirely of people who have simply learned through their own experiences, some types of peer providers undergo training and certification to qualify. In addition to direct services, many peer-run organizations, such as the National Alliance on Mental Illness, advocate to improve opportunities for people recovering from mental illnesses.

A Certified Peer Support Specialist (CPSS) is a family member and/or individual who has self-identified as having received or is presently receiving behavioral health services. Additionally, a CPSS has successfully completed formal training recognized by the Mississippi Department of Mental Health (DMH) and is employed by a DMH Certified Provider.

To learn more or how to become a CPSS, review the DMH web page at www.dmh.ms.gov/peer-support-services, or contact us at 601.359.1288.

CPSS Renewal Deadline is September 30, 2015

This year is the first renewal of the DMH Certified Peer Support Professional Program. The deadline for CPSS renewal is September 30, 2015 at 5 p.m.

If you have not received the renewal applications or directions, please contact Sherry Bouldin or Aurora Baugh at 601.359.1288. If you have received the application, please make sure to read the directions thoroughly and complete the application in its entirety. Remember that renewal applications must be signed in blue ink.

If you have not completed all of the required 20 CEU hours, Relias Learning courses are available online. Please see your Staff Development Officer or Human Resources for access to the Relias Learning System. Proof of CEUs is not required to be submitted at the time of renewal. You may be randomly selected for audit and required to submit proof at a later time. Read the directions for proration scale.

Renewed individuals and Staff Development Officers will be sent renewal confirmations, along with renewal documents, to the self-reported email addresses.

The staff of the Division of Recovery and Resiliency is always available to answer any questions or concerns you may have. Feel free to contact us at 601-359-1288. In addition, all of the renewal documents are available at www.dmh.ms.gov. To access them, click on the What We Believe tab, click Peer Support Services and then click Documents.



Think Recovery

SUMMER 2015

22 Graduate from Mississippi Leadership Academy



Twenty-two individuals graduated from the 2015 class of the Mississippi Leadership Academy on May 24, 2015 at the Gray Conference Center near Canton.

The Mississippi Leadership Academy (MLA) is an opportunity for people receiving mental health services to build their leadership skills and to become effective members of teams who plan and develop mental health services in Mississippi.

The Mississippi Leadership Academy fits well into the person-centered, recovery-oriented system of care that Mississippi's public mental health system now fosters on a daily basis. The ultimate goal of MLA is to enable individuals to be more effective contributors to the decision process when they serve on mental health boards, task forces, and committees. This program is sponsored by the Mississippi Department of Mental

Health and has produced more than 176 graduates since 2005.

All twenty-two graduates of the 2015 class are successfully managing their recovery and are now trained and ready to assist others as mentors

or as participants on the regional and/or state mental health committees.

This year's participants represented regions state wide. Some of the lessons included how to be an effective team member, cultural diversity, project planning, and participating in the work environment.

The Mississippi Leadership Academy is designed to be taught in three consecutive days. It is offered periodically and is free to participants who are accepted in the program. For future MLA training opportunities, visit the Department of Mental Health website.

Congratulations to the newest graduates of the Mississippi Leadership Academy. ♦

Think Recovery

SUMMER 2015

Elerie Crawley *Recovery Story*

We all want to think we're okay. When you go through your life thinking you just had a "bad hair day" you push through to be as normal as possible. When it becomes clear you have been living with a debilitating mental illness all your life, you realize that something has been wrong all along, and not only must you push through it, but you must learn to live with it. This is my story.

I was raped at the tender age of three, which taught me secrecy, mistrust, and pain tolerance. If I acted up, I didn't know it, but often found myself running away from situations in order not to be punished. Closets were my best friends. No one asked and the abuse continued. I'd wet myself on the floor at home and in the most embarrassing places, such as the school classroom. This taught me humiliation and despair. I stuttered and went to speech classes. This taught me English. I was promiscuous as a teenager for want of attention, and finally became pregnant and was forced to marry

someone who didn't want to be married, let alone have children. After 10 years of acting up when angry spurts arose over jealous trifles of infidelity, I learned hate and remorse. The next ten years of single parenting started shedding light that something was wrong, but I would self-medicate to fix the outbursts and depression. I learned loneliness and poverty.

I went into the music business, a great place for those like me, where everyone could act up and get away with it and everyone was crazy. But it was in the business that I met a man who actually cared about me. I learned love. This wonderful human

being saw something in me that I had never seen; not only did he teach me love but he taught me respect for myself and others. He taught me spirituality and gave me the encouragement to go

on and be strong. I continued to act up, mostly by getting drunk and starting a fight, but he remained and continued to love me and married me.

After a few years, on a balmy summer evening after a bout with a sibling, I walked (which I often did after stating my piece of mind) and I walked and I walked. The next morning the sibling found me and I knew then I had hurt another. I needed help; I was already 55 years of age.

My determined, self-driven motivation has pulled me through the roughest times of my life to reach the position as Ambassador and Certified Peer Support Specialist.

I sought help with a medical doctor who immediately

Think Recovery

SUMMER 2015

continued from previous page

saw my symptoms and declared I was bipolar. I was referred to a specialist who confirmed the diagnosis as bipolar and borderline personality disorder. Medication was prescribed and my journey began to finally live. Now, five years later, I am one of the chosen Ambassadors representing the Certified Peer Support Specialists in the state of Mississippi. Moreover – and this has been advantageous, not a detriment – I am in recovery from bipolar disease and borderline personality disorder.

My determined, self-driven motivation has pulled me through the roughest times of my life to reach the position as Ambassador and Certified Peer Support Specialist. I am currently working for a community center in North Mississippi educating peers in recovery action plans, helping other individuals to recover. I am also involved with the Department of Mental Health Personal Outcome Measures. I am a member of NAMI (National Alliance of Mental Illness) as well as a facilitator for NAMI Peer to Peer.

I live with my husband and cat, “Pup.” These responsibilities have been the key factors in my life and growth. I am very active spiritually; Jehovah God is the primary source of encouragement during my recovery. In my pastime, I like to read, write books, am a graphics designer and enjoy gardening. I’ve learned to help others and I’ve learned to live.

- Elerie Crawley, CPSS

Mental Health Month Recognized in May

Mississippians joined thousands of others across the country as they recognized May as Mental Health Month, a tradition started by Mental Health America in 1949.



“The month-long recognition stands as a reminder that mental health concerns are no different from physical health concerns,” said Diana Mikula, Executive Director of the Mississippi Department of Mental Health. “People should feel free to talk about their mental health, encouraged to seek treatment when it is needed and to be free from judgement regardless of their health conditions.”

About half of Americans will meet the criteria for a diagnosable mental health disorder sometime in their life, with first onset usually in childhood or adolescence. Research shows that by ignoring mental health symptoms, someone could lose up to ten years of his or her life during which intervention could be successful. During most of these years, most people still have supports that allow them to succeed —home, family, friends, school, and work. Intervening effectively during early stages of mental illness can save lives and change trajectories in the lives of individuals living with mental illnesses.

Over the past year, the Mississippi Department of Mental Health (DMH) has sought to share stories of recovery from individuals who have been living with mental illness, using their own words to show others that recovery is possible and someone can live a happy, productive life despite a diagnosis of mental illness.

Many of these personal stories, from written words to video testimonials, can be found on the Recovery page of the DMH web site at <http://www.dmh.ms.gov/think-recovery/>.

continued on next page

Think Recovery

SUMMER 2015

continued from previous page

“My journey began in the summer of 1977 just before my senior year of high school,” says David Connell, of Greenwood, in one video.

“Later I was told that I had schizophrenia, which scared me, and I tried very hard to keep it a secret. Graduating from high school is supposed to be a springboard to better days ahead, but I felt like my life had crashed and burned.”

Connell goes on to share how he went on to college, but experienced difficulties with his illness and with the side effects of his medication. He worked through that to graduate, but his illness continued causing problems in life.

“My self-esteem was so low that I had a hard time holding a job, so during this time I began to save my money while I was working, because struggling with a mental illness, I never knew what would come my way,” he said.

He had ups and downs over the years, before finally accepting his diagnosis and its place in his life. He now serves as chairman of the Mississippi State Mental Health Planning and Advisory Council.

“The final breakthrough began about two years ago, during a crisis period, when I finally decided to quit trying to keep my illness a secret from the world and accept myself as having something to contribute to others,”

*Knowing that people believe in me enough to ask me to be a part of a team that pursues the bigger picture in the mental health world offers me hope and a bright future.
~ Amanda Clement*

he said. “That was probably one of the best steps I ever took. It removed a tremendous amount of stress from me and my family.

“What does recovery mean to me? It means being able to make a meaningful contribution.”

The Mississippi Department of Mental Health has significantly expanded the availability of community-based services in order to help other Mississippians reach a place where they can make meaningful contributions as well, whether those contributions are to their own lives, to their families or to their broader communities as a whole.

Mobile Crisis Response Teams (MCeRT), Programs of Assertive Community Treatment (PACT) Teams and Crisis Intervention Teams (CIT) are three of the ways DMH is expanding community services. All three of these programs are multidisciplinary teams focused

on bringing services to the locations where individuals need them.

MCeRTs are available throughout Mississippi and are operated by the regional Community Mental Health Centers. They can respond to a behavioral health crisis in any location. Many have agreements with their local hospitals, and are providing

some training to the nursing and medical staff members there on how to handle a behavioral health crisis. They can also be called in to deal with those mental health emergencies that do come into a hospital, freeing up the medical staff to handle the other emergencies that commonly come into emergency rooms.

The concept of a PACT team is a person-centered, recovery-oriented mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services.

They are also mobile, delivering services to individuals in their homes and communities. This evidence-based program enables people to remain in their communities and avoid placement in an inpatient environment. PACT teams are currently available through the

continued on next page

Think Recovery

SUMMER 2015

continued from previous page

regional Community Mental Health Centers in DeSoto, Forrest, Lamar, Hancock, Harrison, Jackson, Hinds, Leflore, Grenada, Holmes, Warren and Yazoo Counties.

Crisis Intervention Teams are partnerships between law enforcement officers and local health providers. Officers who have received crisis intervention training respond to individuals experiencing a mental health crisis and divert them to an appropriate setting to provide treatment, ensuring individuals are not arrested and taken to jail due to the symptoms of their illness. Through a federal grant, DMH is able to offer this training for the next three years at no cost for up to 40 officers per year throughout Mississippi.

Community-based programs such as these are enabling individuals with a diagnosis of mental illness to experience their own journeys of recovery, and to share that experience with others. Amanda Clement said being involved in the community has given her hope. She said she has come a long way, going from some dark days to successes, hopes and dreams.

She has had the opportunity to volunteer at hospitals, has been involved in the National Alliance on Mental Illness's "In Our Own Voice" program and has spoken at Department of Mental Health programs. All of those opportunities have proved to help her self-esteem and have been very rewarding, she said.

"There is nothing like living in recovery. People tend to respect me more and the hope that they give me by cheerleading me on is awesome," Clement said. "Knowing that people believe in me enough to ask me to be part of a team that pursues the bigger picture in the mental health world offers me hope and a bright future."

She has made it a point to advocate and be a voice for others who have not yet reached a point of recovery in their lives.

"If I can help one person not to have to go through what I've been through during my dark days and help them achieve recovery, then that's worth all the time I put into it. It gives so much hope," Clement said. ♦

NAMI Recognizes Sandra Caron with Ken Steele Award

The National Alliance on Mental Illness (NAMI) honored Certified Peer Support Specialist Sandra Caron this year with its Ken Steele Award. The award was presented at the NAMI 2015 San Francisco Conference on July 6.

The Ken Steele Award is a recognition of outstanding contributions by an individual living with mental illness to improve the quality of life, increase empowerment and promote integration and inclusion for other people living with mental illness.

The NAMI Consumer Council selected Sandra this year for her many achievements, including the work she does in Mississippi as a Certified Peer Support Specialist (CPSS) and a CPSS Ambassador promoting recovery, her participation in NAMI Signature programs – Connection, In Our Own Voices, and Peer-To-Peer – and her former role as the Chair of the NAMI Consumer Council.

Sandra continues to advocate for consumer rights, and encourages education for those with a lived



experience of mental illness, their family members and professionals. The NAMI Consumer Council applauds Sandra Caron for her passion and dedication. Her life is a testimony to living with the determination to overcome all obstacles to lead a reclaimed.

continued on next page

Think Recovery

SUMMER 2015

continued from previous page

Sandra first took a NAMI Connection course in 2007, but said the thought of being an advocate had never entered her mind.

“However, an amazing journey came from that experience, leading me into advocacy,” she said. “The concept of recovery from serious mental illness is one that individuals living with mental illness rarely realize is a possibility. As a member, and now past Chair of the NAMI Consumer Council, being nominated, much less

winning the Ken Steele Award, has been a humbling experience.”

Sandra commended the Mississippi Department of Mental Health for their support of training and utilizing peer support. She said she is contacted by peers across the United States inquiring how Mississippi has had the success it is having with the CPSS program.

She thanked Dr. Debbie Ferguson, Dr. Steve Smith, and Jennifer Savell,

along with the Program Staff at Central Mississippi Residential Center.

“With Peer Support being still relatively new in the state of Mississippi, the staff, and myself, began a new journey,” she said. “I also want to thank NAMI members Ann Jensen, and Ricky Quinn, who both taught me that family members deserve a quality of life, and helped me to understand that family members as well need support.” ♦

Legislature Passes ‘Patricia’s Law’

As the Mississippi Legislature met in the opening days of the 2015 session, some individuals who have lived with mental illness asked legislators to consider a law that could protect their privacy and ensure their self-worth stays intact during difficult times in their lives.

The request was prompted by an email North Mississippi State Hospital received in 2013 that profiled a difficult problem faced by someone who received services there – her name and mugshot were online despite the fact she had not been charged with a crime, but she had waited in a jail for a bed to come available at the hospital.

“I have only to Google my name, and there is my mugshot,” said this email.

To avoid situations like this happening to others, the Mississippi Legislature this year passed a bill that exempts the publication of mugshots from the Public Records Act if the person being booked is held in custody solely on the basis of his or her mental health. Senator Nancy Collins introduced a similar bill in the 2014 session, but it did not make it through the committee process. This legislative language is being called “Patricia’s Law” and is included in House Bill 545.

Patricia was once a patient at North Mississippi State Hospital. She was admitted through the court commitment process, but had to wait at a jail before her admission. While there, she had a mugshot taken that, under the state’s public records laws, was a public document.

As a public document, that mugshot found its way online to the growing industry of businesses that publish mugshots and arrest information online.

continued on next page

Think Recovery

SUMMER 2015

Patricia's Law continued from previous page

Many of these sites charge fees to remove the photos, and there is another industry of sites that don't host any pictures, but do charge fees to try to remove those mugshots from the Internet. While many mugshots are of individuals who are convicted of crimes, photos are published whether charges get dropped, a person is found innocent or, in this case, even if someone is held only to await a bed in a mental health treatment program.

There are ways to remove these photos, but the nature of the Internet often means that once something is publicly placed online, it is essentially online forever. Even if someone pays a site to remove a photo, that picture may have been duplicated by another site, and publicly-available backups and caches of sites can often keep data online indefinitely.

The email Patricia sent to North Mississippi State Hospital goes on to say that while the paperwork related to her is still confidential, her name and face were online in a mugshot, easily found by a simple Google search of her name. It was shocking, embarrassing, and, believing it made her look like a criminal, even made her regret receiving mental health services.

Dozens of these web sites have sprung up online in the past several years, along with those that charge for the removal of the photos – as much as \$400 to take down one single picture. Patricia was struggling with depression, not committing any crimes, but she was still asked to pay to remove her mugshot from the Internet, and there's no

guarantee it won't be placed online again at another web site. It creates a situation that many critics have compared to extortion.

"Including these mugshots along with those of accused and convicted criminals only furthers the fear and negative stereotypes many people have towards individuals who have a mental illness," said Debbie Hall, Public Relations Director at North Mississippi State Hospital. "Having a mental illness is not a crime."

A growing number of states have moved to regulate this industry, introducing bills that often require these site operators to remove without a fee photos and information about people who were not convicted of crimes. Georgia, New Jersey, Oregon, Texas and Utah have all passed bills in recent years to regulate these sites. Senator Collins and several other Mississippi legislators will be working to pass a similar bill in the 2015 legislative session.

"The best way we can address this situation is to pass a bill like the one Senator Collins presented last year," Hall said. "We need to be sure that a person who is in need of mental health services does not have his or her picture posted online for others to copy and post for profit."

"I promised Patricia I would do all I could to make sure this matter was addressed. We can't make this 'right' for her, but we can change things so something like this doesn't happen in the future."

Mental Health Association Of South Mississippi Offers WRAP Training

Mississippians living with a mental illness could soon have a new tool to help maintain their mental wellness thanks to training workshops hosted by the Mental Health Association of South Mississippi.

The association is available for workshops across the state in Wellness Recovery Action Planning, also known as WRAP. WRAP is an evidence-based practice developed by Dr. Mary Ellen Copeland, an internationally-known author and mental health advocate. Through a grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Mental Health Association of South Mississippi (MHASM) is able to facilitate WRAP training around the state.

continued on next page

Think Recovery

SUMMER 2015

WRAP continued from previous page

“WRAP is an evidence-based practice developed by a group of people who experience mental health challenges,” said MHASM Executive Director Kay Daneault. “These folks learned that they can identify what makes them well, and then use their own wellness tools to relieve difficult feelings and maintain wellness. The result has been recovery and long-term stability.”

In these workshops, facilitators will teach others how to apply those same ideals to their lives, identifying conditions and things that make them unwell or help them to remain healthy, and eliminating the negative while bolstering the positive. The sessions are presented in practical, day-to-day terms, and they can also complement other treatment options that may be used by an individual.

WRAP can be used by individuals with a variety of medical conditions, not just mental illness. It can be an effective tool for individuals with conditions such as diabetes, substances use issues, trauma-related issues and even the stress resulting from changes in someone’s job.

It can be used as a framework to guide interpersonal relationships, peer support, groups, agencies and even organizations,

Daneault said. The workshops offered by the Mental Health Association of South Mississippi are intended for self-care and can be used in businesses to help employees learn to handle stress better and increase productivity.

WRAP
IS AN EVIDENCE-BASED
PRACTICE DEVELOPED BY
A GROUP OF PEOPLE WHO
EXPERIENCE MENTAL HEALTH
CHALLENGES

WRAP is something individuals develop for themselves with ideas explored in the group. During the training, participants will develop wellness tools, daily wellness maintenance plans, plan for crises and discuss factors that contribute to stress management.

Wellness tools are activities that someone enjoys and help them feel better. They could be activities that have been used in the past, or something someone would like to try using in the future.

Discussions also focus on how to use these tools when needed. For instance, are these tools events or activities someone would want to be doing every day, or only when particular feelings or experiences arise? They could be as simple as making sure to eat healthy, get plenty of rest or make sure not to let any daily hygiene habits slip.

During the WRAP training, participants can take part in a voluntary roundtable in which they discuss “triggers,” or those things that may negatively affect their mental health. Once again, these can sometimes be simple

continued on next page

Think Recovery

SUMMER 2015

WRAP continued from previous page

events, like receiving a bill or arguing with family members, but they may add to someone's stress level and affect their mental wellness.

They also discuss the early warning signs they may display when their mental wellness begins to decline. It may be more expressions of anxiety or grouchiness for some people, or it may be more reckless behavior or social isolation for others.

Participants in WRAP courses can take all of this information – this “Wellness Toolbox” – they have developed, and share it with others in their life. This way, their friends, family members, coworkers and others of their choosing have information to recognize the signs when someone needs more help and support, and the best ways to provide that support to that specific person.

“Facilitators were certified through a week long intense training by the Mary Ellen Copeland Center. Working in pairs, facilitators can tailor a session to a half, full or two day WRAP,” Daneault said. “The sessions are open to the general public, and have been a great resource for psychosocial rehabilitation centers, businesses and other groups.”

Sessions can also be tailored to focus specifically on addictions, trauma and abuse, WRAP for veterans, and even to discuss WRAP in the workplace.

The WRAP workshops also offer continuing education units for the following disciplines: Mental Health Therapist (DMH), IDD Therapist (DMH), DMH Administrator (DMH), Case Management (DMH), Addiction Counseling (DMH), Social Worker (NASW) and Counselor/LPC (NBCC).

The Mental Health Association of South MS (MHASM) is a non-profit 501c3 organization that has been in existence since 1963. Other programs it offers include a drop-in center, homeless outreach and supportive housing, peer support and educational opportunities.

To schedule or participate in a WRAP, contact Kay Daneault, kay@msmentalhealth.org or Melody Worsham, melody@msmentalhealth.org or call 228-864-6274. For more information, please visit <http://www.mentalhealthrecovery.com/wrap/>.

